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ABSTRACT

Intended as a tool for staff development and inservice education of guidance and counseling personnel, the document includes modules and information on staff development. Each of the six modules includes rationale, training/learning objectives, training/learning activities, resources, and a bibliography. Modules have the following authors and titles: "Understanding the Handicapped Client" (C. Humes, II); "Developing Positive Attitudes Concerning Handicapped Students" (J. Lombana); "Counseling Strategies with Handicapped Students" (N. Medis); "Communicating with Parents of Handicapped Students" (T. Froehle); "Mainstreaming Strategies with Handicapped Students" (T. Hohenshil et al.); and "Career Guidance of Handicapped Students" (L. Perlman). F. Burtnett follows with "Guidelines for the Establishment and Administration of Inservice and Staff Development Activities." S. Nisenoff concludes the document with a listing of resources for guidance practitioners based on the six module topics. (CL)

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ED224207

COUNSELING THE HANDICAPPED CLIENT:
A SERIES OF TRAINING MODULES

Developed by
The American Personnel and Guidance
Association Task Force of
The National Inservice Network

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EC150389

Indiana University
1982

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I want to commend Tom Hohenshil, Judy Lombana, Nancy Medis, and Len Perlman for their individual contributions in producing modules for the various aspects of counseling as it relates to handicapped persons.

Special recognition is extended to Frank Burtnett for his time, effort, and guidance in setting up the task force and in providing focus for the activities, as well as for his section of this product.

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Finally, I want to thank Greg Grigsby and Tom Froehle for coordinating the Indiana University contribution to the Task Force effort. Dr. Froehle served as our Task Force liaison, while Greg managed the overall logistical load.

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PREFACE

The National Inservice Network (NIN), funded (1978-81) by the Office of Special Education, was designed as an information network for teacher inservice programs concerning the needs of handicapped students. During its final year, a major goal of NIN was to extend the resources and accumulated learnings to interested professional education associations and their memberships. Based on a survey of needs for inservice education of several associations, Counseling the Handicapped Client was one area identified. Subsequently, the American Personnel and Guidance Association (APGA) worked in cooperation with NIN to facilitate the development of this monograph.

This document was prepared as a tool for use in the staff development and inservice education of guidance and counseling personnel. Six different modules were produced to address various aspects of Counseling the Handicapped Client. Each of these modules includes rationale, training/learning objectives, training/learning activities, resources, and bibliography.

The monograph begins with Humes' section on gaining an understanding of handicapping conditions. Second is the module by Lombana regarding people's attitudes toward handicaps and the effects of these attitudes on handicapped individuals. Next, Medis addresses the issue of appropriate counseling strategies for students with handicaps. Froehle then presents a section on strategies and techniques for communicating with the parents and families of handicapped clients. The fifth section by Hohenshil, Maddy-Bernstein, and Anderson provides activities pertaining to problems that handicapped students experience related to mainstreaming. The last module, written by Perlman, is on assessment and counseling strategies for career and vocational guidance.

In addition, a section by Burtnett is included regarding the process of developing and conducting training sessions. Finally, Nisenoff's research yielded a supplementary bibliography which is divided into the same topical areas as are the modules.

It should be noted that these modules were developed independently, and therefore, some overlap exists. This allows each module to stand by itself for use in staff development which has a narrow scope designed to focus on only one of the six designated areas. However, even in such focused training, reference to and utilization of the other modules may prove quite valuable in providing quality inservice.

It is likely that other projects exist which are designed to train counselors to be more effective with handicapped clients but which have not been widely disseminated. Counseling Special Students is one training project that we became aware of during our work on this monograph.

The contact person for that project is Dena Goplerud, Midwest Regional Resource Center, Drake University, Des Moines, Iowa 50311. It is suggested that information and materials produced through similar projects be shared with the APGA library as a method of dissemination.

Greg Grigsby
National Inservice Network
Project Associate

PART A

TRAINING MODULES

MODULE I

Understanding the Handicapped Client

Charles W. Humes, II

RATIONALE

Throughout human history the handicapped have impacted the rest of the population in some way. In earlier times they might have been exiled, exploited, and sometimes considered divine (Hohenshil & Humes, 1979). However, it should be pointed out that the "handicapped" of days gone by were far more severely impaired than most of those students who are now so designated and served in the schools. While the severely handicapped were rejected, as described above, the moderately and mildly handicapped were largely ignored. Those with lesser impairments in times past were absorbed into the fabric of society but not without considerable discrimination and often a denial of human rights.

Although gains were made in the United States during the past century, it required a dramatic piece of legislation to focus attention on the plights and rights of the handicapped in the schools. This piece of legislation is the Education of All Handicapped Children Act, PL 94-142. At the same time the Rehabilitation Act of 1973, Sections 503 and 504, which focused on adults as well as children, was being enforced. For the first time, the nation's schools and other institutions were required to provide equal opportunity and accessibility to programs of study and employment.

The handicapped, in the modern era, are a heterogeneous group. They range from those with overwhelming physical handicaps to those with mild learning disabilities. However, they all have one thing in common. In order to function in a normalized environment the program or worksite must be adapted in some way. Traditionally, counselors have assisted individuals in the selection of educational programs according to needs, interests, and abilities. They helped individuals of all ages to reach their vocational goals through career counseling and such programs as "values clarification", "succeeding on the job", and "mid-life career changes". The primary benefactors of these efforts, until recently, were normal students and adults experiencing problems in their total development. Although federal and state legislation mandate equitable services for handicapped individuals, most counselors have little training or experience in counseling handicapped persons since prior referrals were typically made to other pupil services specialists or to professionals outside the system.

TRAINING/LEARNING OBJECTIVES

I. Counselors will become more knowledgeable about the characteristics of various handicapping conditions.

II. Counselors will become more knowledgeable of handicapping conditions and their impact on planning programs.

TRAINING/LEARNINC ACTIVITIES

I. Overview and Discussion

  A. Classifications

    1. PL 94-142

      a. Must need special education and related services.

      b. Mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, specific learning disabilities.

2. PL 93-112, Section 504

    a. Has a physical or mental impairment which substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

    b. Has any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems: Neurological, musculoskeletal, special sense organs, respiratory (includes speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine or any mental or psychological disorder, e.g., mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

B. Definitions

1. Definitions of Learning Handicaps

    a. Mental Retardation - significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects an individual's educational performance.

    b. Severe Emotional Disturbance - a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

        (1) inability to learn which cannot be explained by intellectual, sensory, or health factors;

        (2) inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

        (3) inappropriate types of behavior or feelings under normal circumstances;

        (4) general pervasive mood of unhappiness or depression; and/or

        (5) tendency to develop physical symptoms or fears associated with personal or school problems.

c. Specific Learning Disability - a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term excludes individuals who have learning problems which are primarily due to visual, hearing, or motor handicaps, mental retardation, or environmental, cultural, or economic disadvantage.

d. Speech Impairment - a communication disorder, such as stuttering, impaired articulation, or a language or voice impairment, which adversely effects an individual's performance.

C. Characteristics of Major Handicaps

1. Mental Retardation

a. Difficulties with classification:

(1) old system of educable mentally retarded (EMR), trainable mentally retarded (TMR), profoundly mentally retarded (PMR);

(2) new system of mild, moderate, severe, and profound;

(3) too much reliance on I.Q. measures;

(4) problems associated with description of adaptive behavior.

b. Primary characteristics: See Appendix 1-A.

2. Severe Emotional Disturbance

a. Difficulties with classification:

(1) definitions differ widely according to point of view;

(2) controversy over medical or educational models;

(3) inclusion of those with emotional problems;

(4) lack of definitive standards.

b. Primary characteristics: See Appendix 1-B.

3. Specific Learning Disabilities
    a. Difficulties with classification:
        (1) numerous descriptive terms;
        (2) wide variation in application of standards;
        (3) confusion with learning and remedial problems;
        (4) exclusion of other handicapping conditions.
    b. Primary characteristics: See Appendix 1-C.
4. Speech Impairment
    a. Difficulties with classification:
        (1) lack of quantitative indices;
        (2) inclusion of all cases as handicapped;
        (3) overlap of language deficits with specific learning disabilities;
        (4) relationship to educational performance.
    b. Primary characteristics: See Appendix 1-D.
5. Other Sensory Handicaps
    a. Visual impairment - classification may encompass residual vision, partial vision, visual impairment, and legal blindness.
    b. Hearing impairment - classification will cover marginally deaf (30-40 decible loss), severely deaf (50-60 decible loss), and profoundly deaf (75+ decible loss).
6. Physical Handicaps and Other Health Impaired
    a. Neurological - cerebral palsy, epilepsy, multiple sclerosis
    b. Orthopedic - scoliosis, rheumatoid arthritis, muscular dystrophy, spina bifida, limb deficiencies, miscellaneous crippling conditions
    c. Infectious diseases - hepatitis, nephritis, mononucleosis
    d. Other - cystic fibrosis, cancer, asthma, rheumatic fever

II. Activities

A. Mental Retardation

This activity suggests ways in which a counselor can assist a mentally retarded individual to make the transition from school to work.

Directions

Think about ways you could convince a businessman to employ a retarded young person. How would you:

1. Describe your client (e.g., would you use the term retarded)?
2. Describe the competencies of your client?
3. Ask questions about the job description?
4. Prepare your client for the interview?

B. Severe Emotional Disturbance

This activity enables a counselor to delineate the dimensions of disturbed behavior so that behavior can be interpreted for purposes of planning and programming.

Directions

Using the definition of severe emotional disturbance, describe the conditions under which you would consider the behaviors listed to be normal or abnormal.

1. interrupting conversations
2. banging head against the wall
3. screaming
4. eating paper
5. swearing
6. saying, "I'm no good. I hate myself."
7. reading
8. physically assaultive behavior

C. Specific Learning Disability

This activity will illustrate to counselors the difficulties some learning disabled individuals have when asked to write.

Directions

Copy two designs, a diamond and star, using your non-dominant hand, and look in a mirror rather than at the paper while doing so.

D. Speech Impairment

This activity will illustrate to counselors that there are variations in speech which one becomes accustomed to hearing.

Directions

Which, if any, of the following well-known individuals would you judge to have defective speech?

Jimmy Durante
Mel Tillis
Truman Capote
Edward Kennedy
William F. Buckley, Jr.
Barbara Walters
Rocky Graziano
Henry Kissinger

Note: Feel free to suggest other names.

RESOURCES

I. Films

A. Mental Retardation

1. They Call Me Names	BFA Educational Media 2211 Michigan Avenue Santa Monica, CA 90404
2. David	Filmakers Library 133 E. 58th St., Suite 703A New York, NY 10022

B. Emotional Disturbance

1. Time's Lost Children	Audio-Visual Center Indiana University Bloomington, IN 47405
2. Jennifer Is a Lady	N.Y.U. Film Library 41 Press Annex Washington Square New York, NY 10003

C. Specific Learning Disabilities

1. Early Recognition of Learning Disabilities	A-V Center Purdue University Stewart Center W. Lafayette, IN 49707
2. If A Boy Can't Learn	Krasker Memorial Film Library Boston University 715 Commonwealth Avenue Boston, MA 02215

D. Speech Impairments

Introduction to Speech and Language Disorders	Iowa State University Research Foundation, Inc. 213 Beardshear Hall Iowa State University Ames, IA 50011

E. Physical Impairments

A Day In The Life Of Bonnie Consolo	Arthur Barr Productions, Inc. P.O. Box 7-C Pasadena, CA 91104

II. Organizations

Alexander Graham Bell Association for the Deaf, Inc.
3417 Volta Place
Washington, DC 20007

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852

American Cancer Society, Inc.
777 Third Avenue
New York, NY 10010

American Diabetes Association, Inc.
1 West 48th Street
New York, NY 10020

American Heart Association, Inc.
44 East 23rd Street
New York, NY 10010

Arthritis Foundation
475 Riverside Drive
New York, NY 10027

Association for Children with Learning Disabilities
5225 Grace Street
Pittsburgh, PA 15236

Cystic Fibrosis Foundation
3379 Peachtree Road, NE
Atlanta, GA 30326

Epilepsy Foundation of America
1828 L Street, NW
Suite 406
Washington, DC 10036

Mental Health Association
1800 North Kent Street
Arlington, VA 22209

Muscular Dystrophy Association, Inc.
810 7th Avenue
New York, NY 10020

National Foundation of March of Dimes
P.O. Box 2000
White Plains, NY 10605

National Multiple Sclerosis Society
205 East 42nd Street
New York, NY 10017

National Rehabilitation Association
1522 K Street, NW
Washington, DC 20005

National Society for the Prevention of Blindness, Inc.
79 Madison Avenue
New York, NY 10016

United Cerebral Palsy Association
66 East 34th Street
New York, NY 10016

Spina Bifida Association of America
343 S. Dearborn, Suite 319
Chicago, IL 60604

American Association on Mental Deficiency
5201 Connecticut Avenue, NW
Washington, DC 20015

American Foundation for the Blind
15 W. 16th Street
New York, NY 10011

Closer Look
National Information Center for the Handicapped
Box 1492
Washington, DC 20013

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

National Association of the Deaf
814 Thayer Avenue
Silver Spring, MD 20910

National Association for Retarded Children
2709 Avenue E East
Arlington, TX 76011

ACTION for Brain-Handicapped Children
300 Wilder Building
St. Paul, MN 55102

National Braille Association
35 Godwin Avenue
Midland Park, NJ 07432

National Institute for Mental Health
5454 Wisconsin Avenue
Chevy Chase, MD 20015

The National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612

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APPENDIX 1-A

CHARACTERISTICS OF MENTAL RETARDATION

These learning characteristics usually apply to those who are designated as educable mentally retarded or mildly retarded.

1. Poor concept formation and inability to form abstractions
2. Short attention span
3. Poor memory
4. Tendency toward perseveration
5. Limited generalization and transfer
6. Limited ability to acquire incidental learning
7. Frequent presence of speech and language difficulties
8. Expectancy of failure

These learning characteristics will differ among individuals and may exist in clusters or separate dimensions.

Those with moderate, severe and profound levels of retardation will demonstrate the above characteristics and many more related to life skills.

APPENDIX 1-B

CHARACTERISTICS OF SEVERE EMOTIONAL DISTURBANCE

1. Recurring periods during which the individual does not seem to know what is happening or where he is, may not recognize associates, and may indulge in talk which seems to be directed at no one in particular.

2. Highly unrealistic views about personal abilities and future job status.

3. Progressive difficulty in concentrating and remembering, with consequent failure in work assignments.

4. Frequent demands for change of job assignment because of lack of accomplishment on present job.

5. Slovenly attire, or dress that is conspicuous or unusual, in an individual who previously exhibited good taste.

6. Queer mannerisms, such as affected speech, repeated clearing of the throat, unmotivated laughter, grimacing, gesturing, or posturing.

7. Seclusiveness, with apparent discomfort and fear when obliged to be with others in a social or work group.

8. Habitual belligerence, uncooperative behavior toward others.

9. Display of moods inappropriate to the situation, such as elation over one's ineptitude, or despondency over recognition and success.

10. Wide mood swings within a period of a few hours, a few days, or a few weeks, with no apparent relation to recent or current events.

11. Severe depression, marked by a slowdown in mental and physical activity, or by sleeplessness, crying spells, self-accusatory statements, a sense of hopelessness and failure, or by suicidal thoughts.

12. Incongruous exhibitions of great charm, wit, and devisiveness.

13. Reaction of panic when exposed to a certain situation or experience which, in itself, is innocuous.

14. Persistent complaints by the individual that people are "picking on" him.

15. Undue suspicion of the motives of others.

16. Bizarre tales, confidentially told, of people in responsible positions, who may be viewed by the tale-bearer as unfeeling, sadistic taskmasters.

17. Constant bragging about accomplishments or possessions which do not really exist.

APPENDIX 1-C

CHARACTERISTICS OF SPECIFIC LEARNING DISABILITIES

1. Specific learning deficiencies
2. Hyperactivity or hypoactivity
3. Poor coordination
4. Attention disorders
5. Perseveration
6. Emotional instability
7. Impulsiveness
8. Poor visual discrimination
9. Poor auditory discrimination
10. Poor spatial orientation
11. Poor visual or auditory memory
12. Disorganization
13. Confused laterality
14. Poor figure-ground discrimination

These characteristics usually occur in clusters and it is expected that few learning disabled individuals will demonstrate all characteristics.

APPENDIX 1-D

CHARACTERISTICS OF SPEECH AND LANGUAGE IMPAIRMENTS

Speech Impairments

1. Articulation (producing speech sounds)
    - (a) substitutions (wabbit for rabbit)
    - (b) omissions (han for hand)
    - (c) distortions (shlip for ship)
2. Fluency (maintaining speech sounds)
    - (a) stuttering
    - (b) hesitations
    - (c) repetitions
3. Voice (controlling vocal production)
    - (a) inappropriate pitch, e.g., too high or low
    - (b) loudness, e.g., too loud or not loud enough
    - (c) quality, e.g., harsh, hoarse or breathy

Language Impairments

1. Delayed language
2. Improper use of words and their meanings
3. Inappropriate grammatical patterns
4. Improper use of speech sounds
5. Aphasis (loss of speech and language abilities)

If there is an indication of a speech or language impairment the counselor would consider the following questions:

1. Is the individual's speech and/or language so different from others of the same age, sex, or ethnic group that it attracts unfavorable attention?
2. Is the individual's speech and/or language difficult to understand?
3. Does the individual avoid communicating with others because he or she is self-conscious about his speech and/or language ability?

MODULE II

Developing Positive Attitudes Concerning Handicapped Students

Judy H. Lombana

RATIONALE

The most pervasive problems that handicapped individuals face are related, not to the disability itself, but to the stereotypical, negative attitudes of other people. Research has shown that children as young as four discriminate against their physically disabled peers in social and plan activities. Throughout their school years, handicapped students are avoided or overtly shunned by their classmates. Teachers, too, discriminate against handicapped students, either through rejection or overprotection. Studies have shown that teachers respond heavily to labels and will rate the behavior of "handicapped" students as being more disruptive than identical behavior by a student not labeled. Teachers seldom welcome handicapped students into their classrooms and report that the presence of disabled students creates extreme stress for them. As a result, handicapped students are frequently low achievers, are accorded "sympathy grades", and are not included in the academic and social mainstream of the school.

School counselors can help reverse the trend toward discrimination of disabled students by their peers and by the school staff. Proactive approaches to the development of positive attitudes may be the single most important function of the counselor with regard to handicapped students.

Negative attitudes are developed through fear and misunderstanding. Most people who hold negative feelings toward handicapped individuals share three common characteristics: they have little knowledge of the actual causes and effects of given handicaps or of various compensating strategies; they have had little contact with individuals who have succeeded professionally and personally in spite of a handicap; and they have had no personal handicapping experience or condition.

Research has clearly demonstrated that negative attitudes and stereotypes regarding handicaps can be changed through structured experiences. The most effective means of reversing discriminatory views involves three elements: information, contact, and simulation.

TRAINING/LEARNING OBJECTIVES

I. Counselors will gain insight into their own and others' attitudes concerning handicaps and will examine the rationale for different beliefs.

II. Counselors will learn how some handicapped people have coped with their disabilities and how societal attitudes have affected their personal adjustment.

III. Counselors will experience, through simulation, different handicapping conditions, restrictions imposed by society, and various compensating strategies.

TRAINING/LEARNING ACTIVITIES

I. Attitudinal Survey/Discussion

Distribute copies of the Attitudes Toward People Scale (see Appendix 2) or a similar instrument. Instruct participants to complete the questionnaire according to their own beliefs. After the participants have completed the survey, determine answers to individual items and chart them on newsprint or a blackboard. Lead a group discussion on items which resulted in a considerable difference of opinion. Include the following as points of discussion:

A. How are negative attitudes more debilitating than a physical problem?

B. How are our attitudes formed and reinforced? How do we change our own attitudes?

C. What are some environmental or social barriers which affect handicapped people? How can these barriers be eliminated?

II. Film/Discussion

Show any of the films listed in the Resources section. Follow the film with a discussion concerning the message of the film, personal impact on participants, and value of the film with students and teachers. If time permits, divide the participants into groups of three or four and ask each group to brainstorm personal learnings and attitudinal messages of the film. Have each group share ideas; record on blackboard or newsprint.

III. Presentation/Discussion

Invite one individual or several people who have physical handicaps to address the group and respond to questions. It is important that individuals chosen be positive, well-adjusted people who can serve as role-models for other handicapped people. The focus of informal presentations might include topics such as: a description of the disability, impact on early family life-parent-child relationships, manifestations of negative attitudes by peers, school staff, and others; self-concept; vocational implications of attitudinal barriers; compensation and coping mechanisms developed; advice for counselors. Allow at least twenty minutes for questions from the floor.

IV. Hearing Impairment Simulation

Using a cassette tape and answer forms from Everybody Counts, administer the "Unfair Hearing Test" to the group. After scoring the test, discuss the differences among types of hearing loss and possible social implications for individuals who suffer a partial hearing loss.

V. Orthopedic Disability Simulation

Divide participants into groups of three or four. Give each group a roll of adhesive tape and several popsicle sticks for splints. Ask participants to tape different hand parts (e.g., one person tapes thumbs to palm; one tapes four fingers together; one tapes "splints" to each finger), then the participants are to perform various tasks such as buttoning a shirt, tying shoes, opening doors, writing, finding a page in a book. Follow the simulation with a discussion concerning frustration levels, need for assistance, and reaction of others.

RESOURCES

I. Films to Develop Positive Attitudes Toward Handicapped Students

A. A Day in the Life of Bonnie Consolo

An inspirational film about a woman born without arms. She leads a normal productive life taking care of her home and two healthy children.

Arthur Barr Productions
D.B.A. Barr Films
P.O. Box 5667
Pasadena, CA 91107

B. Anyone Can

Helps to build any student's positive self-image and the associated skills. 1969, color/sound, 27 minutes.

Bradley Wright Films
1 Oak Hill Drive
San Anselmo, CA 94960

C. Blind Sunday

Demonstrates how one young man learns how to understand and cope with a close friend's disability. 1975, color/sound, 31 minutes.

Time-Life Multi Media
100 Eisenhower Drive
Paranus, NJ 97652

C. Coming Home

Clearly illustrates the stereotypical prejudices faced by the mentally retarded. 1974, color/sound, 27 minutes.

Stanfield Film Associates
P.O. Box 1983
Santa Monica, CA 90403

D. Helen Keller

Good presentation of this courageous woman's life. 1969, color/sound, 15 minutes.

McGraw-Hill/CRM Films
110 Fifteenth Street
Del Mar, CA 92014

E. It's Harder for Patrick

Heart-warming story of the Reardon family, and the way they deal with a member's mental retardation. 1975, color/sound, 7 minutes.

Films, Inc.
50 Rindge Ave. Ext.
Cambridge, MA 02140

F. Kevin

A day in the life of Kevin, a blind boy. 1969, black & white/ sound, 16 minutes.

Churchill Films
P.O. Box 981
Roswell, GA 30077

G. The Silent World of Jim

A good presentation of the adventures in a day in the life of a deaf boy. 1974, color/sound, 14 minutes.

Informational Materials, Inc.
1615 W. Burbank Blvd.
Burbank, CA 91506

H. The Truly Exceptional: Carol Johnson

A good documentary of this courageous girl who is an excellent gymnist and only has one arm. 1975, color/sound, 15 minutes.

Walt Disney/Educational
Media Company
500 South Buena Vista St.
Burbank, CA 91521

I. The Truly Exceptional: Dan Haley

Presents a clear picture of the realities of encroaching blindness as seen from the failing eyes of a 16 year old boy. 1979, color/sound, 11 minutes.

Walt Disney/Educational
Media Company
500 South Buena Vista St.
Burbank, CA 91521

J. The Truly Exceptional: Tom and Virl Osmond

Discusses how a hearing loss doesn't have to impair one's ability completely. These two men are both in the music field. 1979, color/ sound, 14 minutes.

Walt Disney/Educational
Media Company
500 South Buena Vista St.
Burbank, CA 91521

II. Programs to Develop Positive Attitudes Toward Handicapped Students

A. A Walk in Another Pair of Shoes

Written by B.M. Chesler, 1972. Kit (K-12)

Association for Neurologically Impaired
P.O. Box 4088
Los Angeles, CA 90051

B. Accepting Individual Differences

Written by S. Cohen, N. Koehler, and C. Grand, 1977. Kit (K-12, Adults)

Developmental Learning Materials
7440 Natchez Avenue
Niles, IL 60648

C. Everybody Counts: A Workshop Manual to Increase Awareness of Handicapped People

Written by M.J. Ward, R.N. Arkel, H.G. Dahl, and J.H. Wise, 1979. Kit (K-12, Adults)

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

D. Feeling Free

Written by M.B. Sullivan, A.J. Brightman, and J. Blatt, 1979. Book (K-12)

The Workshop on Children's Awareness
American Institutes for Research
22 Hilliard Street
Cambridge, MA 02138

E. Handicapped People in Society: A Curriculum Guide

Written by R. Ross and I.R. Freelander, 1977. Book (K-12)

College of Education
University of Vermont
Burlington, VT 05405

F. I'm Just Like You: Mainstreaming the Handcapped

1977. Kit (K-9)

Victoria Productions/
Sunburst Communications
Dept. TG
Pleasantville, NY 10570.

G. Mainstreaming: What Every Child Needs to Know About Disabilities

Written by S.R. Bookbinder, 1978. Book (1-4)

Exceptional Parent Press
Statler Office Bldg., Rm. 708
Boston, MA 02116

H.	People...Just Like You: An Activity Guide Written by the Committee on Youth Development, The President's Committee on Employment of the Handicapped, 1979. Book (K-12)	Superintendent of Documents U.S. Government Printing Ofc. Washington, DC 20402 Stock No. 040-000-00405-0
I.	Please Know Me As I Am: A Guide to Helping Children Understand the Child with Special Needs Written by M.E. Cleary. Book (K-6)	Massachusetts Association for Children with Learning Disabilities 11 River Street Wellesley, MA 02181
J.	What's the Difference: Teaching Positive Attitudes Toward People with Disabilities Written by E. Barnes, C. Berrigan, and D. Biklen, 1978. Book (K-12)	Human Policy Press 216 Ostrom Avenue Syracuse, NY 13210

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APPENDIX 2

ATTITUDES TOWARD HANDICAPPED PEOPLE (ATHP) SCALE

Read each statement carefully and respond as indicated below depending on how you feel in each area. Please respond to every statement.

A = I agree with this statement.

D = I disagree with this statement.

____ 1. Disabled people are usually as friendly as non-disabled people.

____ 2. Generally, handicapped individuals are less happy than are non-handicapped people.

____ 3. I usually feel uncomfortable around a person with an obvious handicap.

____ 4. Most disabled individuals tend to discourage easier than non-disabled people.

____ 5. The worst thing that could happen to me would be for me to be severely disabled.

____ 6. Most disabled people want more affection and/or praise than do non-disabled individuals.

____ 7. Handicapped individuals have the tendency to keep to themselves most of the time.

____ 8. Most physically disabled people are just as intelligent as non-disabled people.

____ 9. I probably could not marry a handicapped person.

____10. One has to be careful what one says when in the company of a disabled person.

____11. When I see a handicapped person, I feel a great deal of admiration toward him or her.

____12. I think most people feel uncomfortable around disabled people.

____13. Most handicapped people prefer to work with other handicapped individuals.

____14. Most disabled people have greater capacities for goodness and sensitivity than do non-disabled people.

MODULE III

Counseling Strategies with Handicapped Students

Nancy Medis

RATIONALE

Handicapped persons can benefit greatly from the services provided by counselors in schools, colleges, mental health agencies, and related human service delivery systems. Family members and others such as educators and employees who interact on a regular basis with handicapped persons can also benefit from counseling services. The following counseling activities are designed to sensitize counselors and others to the needs of handicapped students. The greatest difference in counseling strategies used with general educational students and those designed specifically for use with special populations is the imperative to foster positive attitudes of and toward handicapped students. Counseling strategies which help teachers manage resentment and anxieties and modify teaching methods and materials are most beneficial in meeting the needs of handicapped students. Counselors can actively assist parents to learn communication techniques, to overcome guilt concerning their child's disability, to accept the child, to organize parent support groups, and to provide materials and information concerning specific disabilities. Because handicapped students search to understand their "differences", a concrete, activity-oriented counseling approach such as role playing and art therapy can best help the student internalize a positive image and act upon this heightened sense of self. Some common problems which handicapped students experience are:

I. A larger than normal number of frustrations and difficulties in attempting to solve problems;

II. More nonacceptance, prejudice, and avoidance than nonhandicapped students; and

III. Difficulty in developing realistic and positive self-concepts.

The overwhelming counseling concern of handicapped students is poor self-concept. Counselors are encouraged to use all possible means of providing emotional support for these students as for all other students.

TRAINING/LEARNING OBJECTIVE

Counselors will become familiar with and practice counseling strategies appropriate to and beneficial for students with handicaps.

TRAINING/LEARNING ACTIVITIES

I. Overview and Discussion

  A. Use the following outline to introduce participants to the counseling needs and concerns of handicapped students.

    1. Needs common to all students:

      a. Security, affection

      b. Peer acceptance, group identification

      c. Sense of achievement, self-worth

      d. Independence

    2. Factors which indicate additional needs of some handicapped youth:

      a. Adjustment to disability

      b. Success with adjustment process

      c. Familial support and reactions

      d. Body image

      e. Self-concept

3. Needs of students with emotional disabilities

   a. Primary concerns

      (1) Discrepancy between intellectual capacity and academic performance

      (2) Disruptive behavior in school setting

      (3) Situational family disturbances, e.g., death, divorce, etc.

      (4) Lack of participation in social situations

   b. Primary needs

      (1) Coordinating teacher(s), counselor and parent communication

      (2) Encouraging self-description of actual events

      (3) Providing opportunities for follow-up through regular feedback on school behavior

4. Needs of students with learning disabilities

   a. Primary concerns

      (1) Reactions of others

      (2) Invisibility of handicap

      (3) Frequent delayed diagnosis and/or mislabeling

      (4) Academic and social failure

   b. Primary needs

      (1) Coping with learning and behavioral problems

      (2) Environmental restraints to facilitate skill development--routine, regularity, repetition

      (3) Confidence and self esteem

5. Needs of mentally retarded students

   a. Primary concerns

      (1) Erroneous myths concerning abilities and emotionality

      (2) Lack of maturity and independence

      (3) Maladaptive behavior stemming from rejection

b. Primary needs

(1) Building on strengths while accepting limitations

(2) Specific social skill building

(3) Support while making emotional adjustments

6. Needs of blind students

a. Primary concerns

(1) Limitations of disability and its effect on others

(2) Frustrations regarding others expectations

(3) Strategies to cope with daily living skills

b. Primary needs

(1) Support of blind peers

(2) Confidence to confront sighted individuals with their concerns

7. Needs of deaf students

a. Primary concerns

(1) Speech limitations

(2) Language limitations

(3) Conceptual limitations

b. Primary needs

(1) Destroy barriers of distrust

(2) Independence

(3) Ways to express feelings

(4) Positive peer relationships

II. Activities

A. Brainstorming Session: Counselors Add to a List of Tips for Working with Handicapped Students

After a brief introduction, show the film "A Different Approach". Discuss. Divide the training session into at least four small groups of four to six members. Assign each group one of the preliminary lists of "Tips for Working with Handicapped Students (see Appendix 3-A). Provide a 25 minute brainstorming session and ask groups to add to the list of tips. Conclude by sharing the completed lists.

B. Self-Concept Snapshot (Techniques for determining a student's self-concept suggested by McKelvie and Friedland)

Ask a student to recall one specific incident that occurred before the age of eight and that can be visualized. An instant mental picture of childhood is recalled. An example of a handicapped student follows:

1. Memory: Age 8--I am on the school playground at recess watching the other kids play ball. I can't participate because I have braces and crutches. Nobody's talking to me--I'm just sitting there watching.
2. Focus: Watching the other kids play ball at recess.
3. Feeling: Alone, isolated, left out.
4. Because: I couldn't participate because of my handicap.

Students who choose an incident indicating isolation are likely to still be experiencing the same feeling. The purpose of recalling early experiences is not so much to inform the counselor about the student's childhood as to help understand the student in the here-and-now. This strategy can be used in counselor training sessions by pairing the session participants and asking them to share an early childhood recollection. Use the

Memory:/

Focus:/

Feeling:/

Because:/

format and ask one partner to recall and the other to interpret and then reverse the roles.

C. Life Goals Exercise (Overcoming ambivalence for accepting responsibility)

The counselor asks the student to state and then write down three life goals. The act of writing the goals, of placing oneself on paper, involves more of the student's feelings and can increase his/her attachment to motivation, direction, and the specific goals. The counselor then asks the student to write down one need (desire) that can be fulfilled today. This helps the student see how he/she is in the process of growing, "becoming", as current needs each day are being fulfilled. The counselor then asks the students to write down the opposite of each goal. Example: "I want to work and be independent."--"I don't want a job."

Such opposite statements of goals magnify the resistance that stands in the way of progress. This strategy can be used in counselor training sessions by pairing the session participants and asking them to write life goal statements.

III. Techniques

A. Group Counseling (Promoting adaptive change, increasing personal adjustment, and improving interpersonal relationships.)

Care is needed in selecting the students for group counseling. The group should be homogeneous on factors such as background, chronological age, ability level, and emotional pathology. Similarity in these factors increases the probability of group interaction and identification with the problems of other group members. Personalities should be heterogeneous and balanced. The aggressive members facilitate the expression of emotion by submissive members; the inhibited members help to control the hostility of the more aggressive. Limit the group to not more than eight persons; stipulate that the group will meet for a specific number of sessions and then the group will evaluate progress before deciding to continue. Counselors may ask students to participate in the group or accept referrals from other counselors, students, parents, or teachers after advertising the nature, purpose, and duration of the group.

The sessions should meet once each week for as much as possible from 45 minutes to one and one-half hours. Choose an approach: client-centered, behavioristic, reality therapy, directive, etc., after consulting with the special education staff. Some facilitative techniques that can be used to establish initial relationships are: refreshments, introductory activities, games, structured interaction exercises, films, videotapes, and videotape playback.

B. Bibliotherapy

Bibliotherapy is a technique in which a student reads books or other literary material for the purpose of identifying with and modeling the appropriate behaviors of real and imaginary characters. These characters learn to cope with problems similar to the student's problems. This technique offers teachers and parents an effective means for enhancing a student's self-concept. Bibliotherapy consists of three stages: identification, catharsis, and insight. When identifying, the student may match the personal traits of the characters in the story with his/her own. Discussions can be used to facilitate this recognition. Catharsis occurs when a student empathizes with the feelings exhibited by the character, recognizing them as his/her own. The third stage, insight, involves the reader's recognition that by analogy or imitation he/she too may find possible solutions to problems. Follow-up activities such as discussions, reports, illustrations and role-playing are useful.

The advantages of bibliotherapy include: useful with various age groups; useful individually, in small groups, or in classrooms; no formal training is needed; useful for students with all kinds of handicaps. The specific advantages of the technique for handicapped students include:

1. dispelling feelings of isolation
2. providing useful information for solving particular problems
3. helping students to discuss "taboo" topics
4. helping students to see a disability as only one aspect of life
5. helping students understand their own and others' motivations
6. encouraging students to face difficulties realistically and choosing constructive courses of action (see Appendix 3-B)

RESOURCES

Books for Use in Bibliotherapy

A. Notes From a Different Drummer: A Guide to Juvenile Fiction Portraying the Handicapped by B.H. Baskin and K.H. Harris. New York: R.R. Bowker, 1977.

This is an excellent resource for bibliotherapy with handicapped children. It gives very detailed analysis of books and has practical suggestions for evaluating materials. It includes reviews of more than 300 juvenile books portraying handicapped people.

B. Books to Help Children Cope with Separation and Loss by J.E. Berstein. New York: R.R. Bowker, 1977.

This bibliography is divided into various categories of separation (accepting a new sibling; going to a new school) and loss (death; divorce; illness). Detailed annotations, including interest and reading levels, are provided for each selection. The emphasis is on books published since 1970.

C. Books About Handicaps for Children and Adults: The Meeting Street School Annotated Bibliography by P. Bisshopp (Compiler). Providence, R.I.: Easter Seal Society, 1978.

This is a review of 171 books for children and young adults concerning various handicaps. The titles are arranged by disability, and they include both fiction and non-fiction. Each listing includes a description of the story, an analysis of the realism and positive focus of the book, and a type of recommendation regarding purchase.

D. Bibliotherapy and Its Widening Applications by E.F. Brown. Metuchen, NJ: Scarecrow, 1975.

This text provides general discussion of the history and uses of bibliotherapy and offers some practical suggestions for its use in the classroom. Although a listing of books is provided, critical reviews are not included.

E. The Bookfinder: A Guide to Children's Literature About the Needs and Problems of Youth Aged 2-15 by S.S. Dreyer. Circle Pines, MN: American Guidance Service, 1977, 1981 (2 volumes).

These comprehensive books include reviews of more than 2000 children's books, many of which are concerned with handicapping conditions. These books are uniquely packaged so that the user can easily locate references and cross-compare information.

F. Reading Ladders for Human Relations by V.M. Reid. (5th Edition) Washington, DC: American Council on Education, 1972.

Divided into four "ladders"-creating a positive self image, living with others, appreciating differences, and coping with change--this bibliography contains listings of numerous books which are divided by reading level.

G. Bibliotherapy in Rehabilitation, Educational, and Mental Health Settings by J.S. Zaccaria, H.A. Moses, and J.S. Hollowell. Champaign, IL: Stipes, 1978.

Brief annotations and general level (juvenile, adolescent, adult) are given for books about disabled persons. Cross references are made to other categories such as self-esteem, sex education, marriage, and sports.

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APPENDIX 3-A

TIPS FOR WORKING WITH HANDICAPPED STUDENTS
(Preliminary List)

I. Learning Disabled Students

- A. Try to clarify the precise nature of the disability.
- B. Encourage students to explore life experiences by trying a variety of social, recreational, and educational activities.
- C. Identify specific "tasks" which student can perform, encourage performance, and reinforce student's self-confidence.
- D. Refer students to learning specialists, tutors, readers, audio-visual aids, etc.
- E. Enable students to use more sense modalities in the teaching/learning.

II. Mentally Retarded Students

- A. Work with groups of 3 to 6.
- B. Use directive approaches and display a positive, supportive attitude--one which focuses on the abilities, not the disabilities of the student.
- C. Use behavior modification techniques with both individuals and groups.
- D. Maximize manipulative involvement and activities with products.
- E. Aid students to experience independence.

III. Partially Sighted Students

- A. Try to clarify the precise nature of the sight limitation and communicate helpful tips for working with the student to teacher.
- B. Encourage the use of adaptive methods for utilizing printed materials.
- C. Rely more on voice than facial expressions to communicate with students.
- D. Emphasize that sitting in the front of the room, having large print on the chalk board, and using enlarged print or an overhead projector may assist students.

Appendix 3-A (con'd)

IV. Deaf or Hearing Impaired Students

A. If an interpreter is required, follow the student's choice. Avoid using family members as interpreters.

B. Address the student directly, not through the interpreter.

C. Help the student read your lips by sitting within a four-foot range of the student.

D. Use sign language or fingerspelling when possible.

E. Don't hesitate to write notes to communicate subtleties to a deaf student.

APPENDIX 3-B

GUIDELINES FOR CONDUCTING BIBLIOTHERAPY

I. Reading materials should be carefully selected. Evaluate it in terms of:

  A. Quality of the literature

    1. Does it provide identification with the characters?
    2. What is the general plot?
    3. Is it accurate?
    4. What is its possible emotional impact?
    5. Is it readable and of appropriate length?

  B. Specific student characteristics

    1. Age
    2. Sex
    3. Problems
    4. Reading level
    5. Interests
    6. Physical limitations which may require special reading materials and/or aids

II. Reading should be supplemented by discussion, counseling, or both.

  A. Focus on a discussion of:

    1. The behavior and experience of a character in light of the student's perceptions;
    2. The feelings and thoughts generaged in the student by the story; or
    3. The specific situations in the literature which provoked agreement or disagreement by the student.

  B. Follow-up activities should help students internalize their feelings and explore the reactions of others to the same event. For example:

    1. Role-playing
    2. Panel discussions
    3. Creating different story endings
    4. Puppetry
    5. Designing murals

Appendix 3-B (con'd)

III. The counselor must recognize the limitations of bibliotherapy. Bibliotherapy may not be appropriate for everyone. For example:

   A. The student who rationalizes and/or intellectualizes his/her problem

   B. The student who expects the book to offer instantaneous solutions

   C. The student who resists participation because of past failures with reading

MODULE IV

Communicating with Parents of Handicapped Students

Thomas Froehle

RATIONALE

It is generally recognized that a handicapping condition introduces some degree of hardship to the person shouldering the handicap and, in most cases, to persons close to the handicapped individual, especially parents and siblings. Granted, some of this hardship is synthetic, i.e., man made as a result of incorrect information, misinterpreted information, handed down stereotypes, labeling, etc. Regardless of its substance or origin, the hardship is perceived and experienced, and it begs for relief.

Problems for the handicapped person include those directly associated with the handicap and the synthetic ones created by a sometimes ignorant and at times uncaring society. Both problem areas are considered in other modules of this series. Parent and sibling needs, on the other hand, are often overlooked even though it is quickly apparent that the handicapping condition brings with it demands for extra care and for greater tolerance. In the handicapped context, parents are expected to play a variety of roles in helping the handicapped child become as fully functioning as is his potential. In addition, parents must learn to cope with their own emotional responses to their child and to the extended handicapping context. Guilt and shame, often times the outgrowth of the parents' belief that the child is an extension of themselves, presents a very serious barrier to effective parenting. In some cases siblings are also burdened down with guilt, as if they too are somehow responsible for the handicap. Both parents and siblings share the frustration that accompanies the constant desire to do something about a situation which lies outside their control.

The family as a system is potentially the greatest helper to individual members, but in the context of a handicapping condition, the stakes are especially high. With one or more of its members inconvenienced by a handicapping condition, the family as a system is challenged to function at new heights. Whatever challenges face the regular family also face the family with a handicapped member but in greater proportions. Under such conditions the family system is taxed and required to reach deep into its reservoir of resources for understanding, for communicating, and for problem solving. It may not deliver as a system, with dismal failure as its consequence. On the other hand, when it meets the challenge of adversity we see the family system at its best with the end product being greater than the sum of the successes of its individual members.

Each individual within such a context can make good use of the kinds of help that can be offered by counselors. In addition, the family as an ecosystem can use some extra help. From a systems perspective, it is generally felt that the welfare of any one individual is impacted by the welfare of other system parts. The implication here is that there will be times when the welfare of the handicapped family member might be enhanced most through help offered to a sibling at one moment and to a parent at another. This concept is important in that it also serves to remind us that the problem and the solution are all too often found quite apart from the handicapped person.

What then are some of the ways counselors can offer help? Chaney (1979) has observed that while "counselors are the first to suggest that they are handicapped by limitations of time, priorities and often by a general absence of specific techniques and theory in the profession to guide them in helping special children in their schools. . . counselors do possess and utilize a wide range of skills and techniques that are effective with the special child (Chaney, 1979, p. 41)." In discussing the topic, "Preparing Counselors to Meet the Need of the Handicapped," Hosie (1979) convincingly argues that "counselor approaches to working with handicapped students are more similar to than different from approaches with nonhandicapped students (p. 272)." What is needed then, is a resolve on the part of counselors "to be creative and flexible with their already acquired counseling techniques, rather than to accumulate extensive new sets of skills (p. 272)." It is the purpose of this module to review some of those communication techniques and to describe some activities for their creative application in communicating with parents of handicapped students.

TRAINING/LEARNING OBJECTIVES

I. Counselors will develop and/or increase their appreciation for the phenomenological perspective in communicating with parents and families of handicapped students.

II. Counselors will gain some hands-on experience with selected appraisal techniques designed to improve the communication with parents and families of handicapped students.

III. Counselors will develop an appreciation for the systems conceptualization of the family and come to a more complete understanding of the family from a systems perspective.

IV. Counselors will gain experience in facilitating family member awareness through formal and informal appraisal procedures.

V. Counselors will learn to modify common communication strategies in counseling for specific application with parents and families of handicapped students.

TRAINING/LEARNING ACTIVITIES

I. Disability/Word Association

Have participants number a blank sheet of paper from one to twenty and then have them write down the first word that comes to their mind in response to the one or two word descriptors which you are about to read. Remember, each participant is to put down the first word that crosses his/her mind so allow very little time between descriptors. Possible descriptors include: CPs, The Elephant Man, Downs Syndrome, Deaf & Dumb, Mentally Retarded, Quads, The Hunchback of Notre Dame, Baby Doe, Of Human Bondage, Cleft Pallet, Hydrocephalic, Crutches, Brain Damage, Hyperactive, Quadraplegic. When finished, have participants read the Where Do I Stand handout (Appendix 4-A). Then plan small and large group discussions giving particular emphasis to implications for communicating with parents of handicapped students.

II. Thought Listing

Select a stimulus item, possibly a film or video tape, in which the central character is handicapped. Interrupt the showing of the stimulus item about every two or three minutes allowing time in between for participants to complete a thought listing sequence. If possible, make each interruption follow a critical incident. Direct participants to list all the thoughts they had while observing this critical incident. Use as many boxes as necessary for each critical incident, one thought per box (make more boxes available to participants).

Incident #___ Thought

Incident #___ Thought

After completing the thought listing, have participants break into triads for viewing a replay of the stimulus item. Repeat the interruptions allowing participants time to share and discuss the thought listings entered during the interruptions on the earlier showing. When finished, have each participant read Guidelines for Communicating With Parents of Handicapped Students (Appendix 4-B). Plan and schedule small and large group discussions giving particular emphasis to implications for communicating with parents of handicapped students.

III. First Impressions

Distribute to participants three blank sheets of paper and then direct them to relax themselves into a deep reverie in order that they might recall some first impressions. Once relaxed, ask the participants to recall names of persons where their first impressions were very positive. After allowing several minutes for this part of the activity, direct participants to indicate after each name whether the impression remained positive as they came to know the person better [indicate with a (+)] or whether the impression became less positive or even negative over time [indicate with a (-)]. Next, using the second sheet of paper, have participants recall names of persons where first impressions were very negative indicating after each name whether the first impression remained negative (-) or became more positive over time (+). When finished, ask participants to reproduce Figure 1 (below) on the third sheet of paper and then direct them to transfer each individual name from the above exercise to the most appropriate cell in Figure 1. Conclude the activity with a small group discussion in which individual participants share with group members what general observations they are able to make about their first impression behavior. Encourage members to assist each other in generating tentative conclusions for each participant.

	First Impression Confirmed		First Impression Disconfirmed	
	Male	Female	Male	Female
Initial Positive Impression				
Initial Negative Impression				

Fig. 1 Confirmation/Disconfirmation Grid for First Impressions

IV. Ego State Analysis

Have each person read the Ego State Analysis handout (Appendix 4-C) and then set up a family role play as directed in the Family Role Play handout (Appendix 4-D). Execute the roleplay making an audio tape recording for later use. Have each participant, observers as well as role players, develop an Ego-Gram for each character in the role play. When finished, have the Ego-Grams posted around the room on large sheets of newsprint and direct participants to move around the room comparing and contrasting the Ego-Grams. Repeat the exercise using the audio tape recording made during the original role play session. Compare and contrast the before and after Ego-Grams. Discuss the implications for the counseling relationship.

V. Neuro Linguistic Programming*

Have each person read the Neuro Linguistic Programming handout (Appendix 4-E). Set up a 20 minute role play as directed in the Family Role Play handout (Appendix 4-D). Execute the role play making an audio tape recording for subsequent use for the three activities which follow.

A. Activity One:

Direct observers of the family role play to listen to verbs, adverbs, and adjectives for words which refer to each sense and to illustrate the representational system for each member in the family role play. The following questions may help to guide your listening and promote more awareness of primary representational systems as revealed in the vocabulary of each family member.

1. Which sense is referred to most often by this person?
2. Are all senses represented in this person's vocabulary?
3. Is any sense omitted entirely?
4. Can this person's distress be partly explained by difficulty in receiving information from one sense, or several senses? By difficulty in communicating with others using vocabulary from one sense, or several senses?

When addressing this person, participants will want to match sensory vocabulary as far as possible, changing their own vocabulary as they address different members of the group.

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*Developed by Patricia O'Callaghan (See References)

B. Activity Two:

This is designed to help the family members themselves (in this case the family role players) to become aware of the similarities and differences in their representational systems. Ask the family as a group to agree upon an event which they all enjoyed together and would like to discuss. Let each member describe the event while the other members listen for that person's PRS and use of vocabulary from various senses. After each person has described the occasion, let the family discuss that person's PRS and apply this to their total understanding of that family member. When each member's PRS has been identified and discussed, ask each member to describe something which he/she enjoys from his/her own primary representational system. For example, an auditory family member might describe his/her favorite piece of music; a visual member might describe how his/her room looks; or a kinesthetic member might describe the feeling of mowing the yard. This can help members to discover the uniqueness of their way of perceiving their world and communicating this to others. Throughout this activity, non-role playing participants should be encouraged to involve themselves in the process as occasion permits.

C. Activity Three:

This activity is designed to help family members to recognize how their different use of sensory vocabulary alters their communication, sometimes helping and sometimes hindering their ability to understand and to be understood by other family members. Let the family propose a problem which they are trying to resolve, and ask each member to develop a solution independently. Grouping them in pairs, have each present his solution to each other member, reconvene the group and let them discuss the problem together. When members address each other, help them to match their vocabulary to the primary representational system of the person being addressed. Encourage them to ask questions of each other, which will provide information relevant to their own primary representational system. Once again, non-role playing participants should be encouraged to involve themselves in the process as opportunity permits.

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APPENDIX 4-A

WHERE DO I STAND

Discomfort, embarrassment, guilt, frustration, helplessness, pity, fear, sorrow are some of the words used to describe feelings evoked when presented with a handicapping condition. "As products of our culture," as Nathanson (1979) has aptly observed, "counselors and other helping professionals cannot avoid having many of the prevailing feelings and thoughts about disability and about disabled persons (p.236)."

Coming to grips with how we experience disability is a necessary precondition to effective communication with the handicapped, their parents and siblings. Do we have a tendency to view them as courageous? as weak? as helpless? as inadequate? as remarkable?

Nathanson (1979) has identified seven counseling "syndromes" which interfere with positive client growth. They are:

1. All that matters is your label;
2. I feel sorry for you;
3. Don't worry: I'll save you;
4. I know what's best for you;
5. If I'm lucky, you'll miss today's appointment;
6. I'm amazed by your courage; and
7. Who's more anxious, you or I?

Obviously, there is no justification for suggesting that counselors should think or feel a particular way with respect to disability. There is due cause, however, for recommending that counselors "... become aware of their feelings and honestly and effectively monitor their behavior with clients who are disabled..." in order that "... their biases, beliefs, and prejudices will not be allowed to interfere with positive client growth (Nathanson, 1979, p.236)."

APPENDIX 4-B

GUIDELINES FOR COMMUNICATING WITH PARENTS OF HANDICAPPED STUDENTS

Any honest discussion of this topic must begin with an acknowledgement that "good communication is good communication." The same principles apply regardless of the parties involved. To suggest otherwise, one would have to argue that differences among people are greater than are their commonalities. With respect to communication, this argument would go nowhere. There seems to be agreement that over-concern with the uniqueness of the communication context interferes with communication in that context. One must assume that the context is more similar to than different from the usual communication context and that the resevoir of communication skills from which the well trained counselor daily draws will suffice. He/she already possesses the capacity to adjust, to orchestrate the discrete communication skills. Granted, there will be situations where the barriers will be such that an entirely new system of communication may be needed (e.g., counseling with deaf parents whose communication is dependent upon signing). Here written and graphic communication may be considered and possibly even a referral to a signing counselor.

All of this is not meant to suggest that greater awareness, more knowledge and/or better understanding of handicapping conditions does not contribute to the potential for more effective communication with parents of handicapped students. On the contrary, all of this should and will enhance communication but only if this awareness, knowledge and understanding is added to a solid foundation of communication skill. There should be some reassurance found in this position, especially for those counselors whose past training and experience may not have exposed them to handicapped clients.

What is it then that separates the more successful from the less successful communicators with parents of handicapped students? The answer is simple: the same variables that separate successful from less successful communicators with parents of non-handicapped students. For some, it is a decoding deficit, that is to say, the inability to "listen with a third ear and to watch with a third eye." For others, the communication shortcoming lies in the area of encoding, i.e., the matter of sending back communications, verbally and nonverbally, which assure the other party that understanding does exist. Either deficit, receiving and/or sending, can greatly impede communication and subsequent efforts to help.

What are some of the resources which the well trained counselor can bring to this communication context? The answer should be obvious by now -- the very same resources called upon for effective communication with parents of non-handicapped students.

In both situations, early moments of contact beg for counselor acceptance and positive regard. At that moment it is critical that the counselor let the handicapped student, each parent and each of his/her siblings be what they are. Accept them in the moment without any request, encouragement, or implication that they be different in even a small way. Yes, we've all heard this before albeit in much more eloquent prose from the pen of Carl Rogers. Precious space is given to this point here because of its importance; the fact of the matter is, "Acceptance and Unconditioned Positive Regard" is where it all must begin; it is the sine qua non of effective communication.

The implications for the helping situation are obvious. We have to be able to get inside and understand the other person's frame of reference. We have to be able, in a sense, to look at the world through the glasses with which the other person views the world. It doesn't mean that we don't attempt to help persons change their glasses. This, in fact, may be the primary goal. It could be very constructive to point out to the person that the lens used are not used by others, therefore, causing the world to appear differently to the client which in turn produces different decisions. In effect, we may want to help the individual identify a different lens for use when driving over the prairie states -- a lens which will permit discrimination between horses and tumbleweeds. With this alteration in the person's construct system, the person's representation of reality should more closely approximate others and decisions will change accordingly. Thus, while our ultimate goal may be to help the client expand, alter, revise their construct system, any effort to do so must begin with the helper entering into the phenomenological field of the client. The helper must begin by knowing where the client is coming from.

It has been my experience that regardless of where they receive their training and regardless of the theoretical orientation they espouse, most practicing counselors possess a healthy appreciation for the phenomenological perspective. There seems to be common agreement that understanding requires most fundamentally that we first come to see the world through the person we are trying to understand.

The challenge for each and every counselor is to resist the short cut route to understanding which is projection. Here, rather than engage in that sometimes lengthy process of discovering and then trying out the lenses through which the client sees the world, we simply project ours upon the clients. Granted, we do put ourselves into the clients shoes, but we fail to look around from the clients perspective once in the client's shoes.

A second necessary ingredient is understanding and the communication of that understanding to parents. Collectively we are talking about empathic understanding in the traditions of Rogers, Truax, and Carkhuff. An essential condition here is the phenomenological perspective, an especially important concept whenever skill generalization is needed.

The phenomenological perspective is built on the assumption that we structure our own experience and create our own reality. It's the idea that two people can look at the same thing, but see something different. It's the idea that "reality is in the eye of the beholder." We are reminded here of an example once used by Carl Rogers. He describes the motorist who drives his vehicle off the road into a ditch while traveling through one of the prairie states. According to the motorist, he chose the ditch rather than a possible fatal accident of running broadside into a horse which was crossing the highway toward dusk. Unfortunately, or fortunately, however you want to look at it, it wasn't a horse. It was just a tumbleweed, a light, fluffy weed that blows across the prairies once fully matured and free of its roots. Which reality was real? Was it a horse? Was it a tumbleweed? If we momentarily accept the idea that it was a horse, our prediction about what that person is going to do is more likely to be an accurate prediction. Our understanding of that person and of that person's behavior will be more complete.

APPENDIX 4-C

EGO-STATE ANALYSIS

Ego-state analysis is an appraisal/therapeutic technique associated with transactional analysis as popularized through the writings of Eric Bern (1958). Ego-state analysis may be used to promote more complete understanding of others. When shared with those other persons, it may serve to help them clarify their concerns and issues in their lives. It may also contribute to feelings and behaviors in response to emergent events.

Three ego-states are posited in Transactional Analysis: Child, Parent, and Adult. The child ego-state deals with feelings, impulses, and spontaneous acts. The child may be either free or adaptive. The free child resembles the child at birth, a spontaneous, impulsive, autonomous, natural being that lives freely with few concerns. The adaptive child, sometimes called the "little professor", is represented in our untrained wisdom and in our intuitiveness; it plays on hunches in manipulative and/or evaluative ways.

The parent may be either nurturing or critical. The nurturing parent is non-judgmental, has unconditional positive regard for his/her children as he/she goes about in his/her correlating role. The critical parent, on the other hand, lives by rules and restrictions and implements them by passing on to his/her children a lot of "shoulds" and "ought tos."

The adult thinks and acts without feeling; it processes data and information much like a computer and acts in a very objective, non-judgmental, pragmatic way; it is the non-emotional part of the personality.

A careful analysis of ego-states is likely to produce the following observations/discoveries.

1. An individual is almost never in only one ego state. While one ego state may be in charge at a particular moment, the other ego states are in the background ready to emerge on a moment's notice.
2. It is possible to have internal dialogue between ego states, i.e., to have conversations within oneself between the ego states. An example might be the critical parent saying, "I really should be a better father" with the adaptive child responding with ... "I try as hard as I can."
3. Like most everything in this world, each ego-state has its moment. The specifics of the situation determine its usefulness at that moment in time.

4. Through ego-state analysis, it is possible to uncover fundamental problems in communication and to rectify part of the problem by altering the ego-state of at least one member in the communication network.

An ego-gram is a graphic representation of relative involvement in the different ego-states. It may be illustrated in several ways. One way is to use a histogram with a separate bar representing each ego-state. An ego-state pie may also be used. It would consist of six pieces with the size of each piece indicating the percentage of time in that ego-state. An extension of this, a multiple person ego-gram, permits graphic representation of interacting ego-states.

APPENDIX 4-D

PROCEDURES FOR FAMILY ROLE PLAYS

Several of the training/learning activities described in this module require the use of role play. Role-playing, it should be remembered, is "the reenactment of a life situation in which the individual's relationships, real or imagined, are acted out in the form of a role which they choose to portray (Chaney, 1979, p.47)." When actual families are participating in the module, relatively little imagination is necessary. However, when simulated families are necessary for the role play, the task requires more structure. The procedures described below are suggested for adapting the activities for use with simulated role play families.

1. Divide the group of participants into five member families. (Six member families may be necessary as the size of the group deviates from multiples of five.) Each family will include a father, mother and three or four children ranging in age from four through fifteen. (Specifics of the situation may require some modification of these conditions.)

2. Have each family group cast its members by assigning gender, age, and a family role to each. In every family one of the children must be handicapped, the nature of the handicap to be determined by the family group.

3. Have each family member make a name tag for himself/herself indicating family membership role.

4. Before beginning the role-play, have role players take a few minutes to clear up any questions they might have about the instructional intent of the role play they are about to enact.

APPENDIX 4-E

NEURO LINGUISTIC PROGRAMMING*

Through our five senses, we all receive information from and communicate with our world. Neuro Linguistic Programming (Bandler and Grinder, 1976; 1979; Diltz et al, 1979) holds that three of the five senses are primary; touch, vision, and hearing, and that these senses are valued and used to different degrees by different people. The sensory channel which is most valued by a person, referred to as the Primary Representational System (PRS), is revealed by the person's vocabulary and eye movements. Here are some verbal cues to the three representational systems:

1. visual: I see what you're saying, let me show you what I mean, do you see my point?
2. auditory: I hear you loud and lear, listen to this, you sound sure of yourself
3. kinesthetic: I feel the same way, keep in touch, do you have a feel for what I mean?

Neuro Linguistic Programming has a variety of applications for working with clients. First, the counselor can develop his own awareness of the PRS used by each family member. He can then match his own vocabulary to the sensory vocabulary of the client. This technique of matching the client's PRS has been shown to facilitate the development of trust in the counseling relationship, an important early part of the counseling process. Second, the counselor can help each family member to become aware of his own PRS and his use of different senses. Once an individual becomes aware of which senses are most important to him and which may be neglected, he may learn to develop the use of all senses to increase his behavior options. Third, the counselor can encourage family members to become aware of each other's PRS and to recognize how this alters their communication with each other. For example, if one person in the family uses mainly visual words and another uses mainly auditory words, they may have more trouble understanding and argreeing with each other than if their words referred to the same sense. Once family members appreciate their similarities and differences in communicational styles, they can work toward developing more appropriate ways of talking, listening, and making decisions together.

*Developed by Patricia O'Callaghan (see References)

MODULE V

Mainstreaming Strategies with Handicapped Students

Thomas H. Hohenshil
Carolyn Maddy-Bernstein
W. Tucker Anderson

RATIONALE

The mandate to provide handicapped students educational and support services in the least restrictive environment (LRE) has affected counselor services. To the maximum extent possible, students are to be educated with their nonhandicapped peers. Part of the LRE concept is the placement of students, where possible, in regular classrooms, a practice popularly referred to as "mainstreaming". The placement of handicapped students in regular classes, however, does not release counselors and other support personnel from their obligation to monitor student progress. Handicapped students will continue to have special academic and social needs when placed in regular programs, especially if they have been separated from regular populations in the past. The counselor must be alert to these special needs as these handicapped students enter the educational mainstream.

A major role of the counselor when working with handicapped students and teachers in regular programs is that of consultation. The special needs of mainstreamed handicapped students require a team effort to aid their adjustment. The counselor must play a key role in consulting with significant others toward this end. Particularly important is the provision of support services to teachers.

The legislation for handicapped rights and expanded role expectancies in other areas have placed additional burdens on the counselor's time. Furthermore, present economic conditions are not conducive to increasing the number of counselors in most situations. The question every counselor must ask is, "How will I manage to meet the needs of so many?" The future role of the counselor may well have to change to that of specialized counselor, consultant, facilitator, and resource person. The tasks requiring less specialized training (such as test coordination, dispensing information, record keeping, etc.) may have to be done by others, leaving the counselor more time for those who require his/her special areas of assisting all students, even though demands on their time will hinder their performance of administrative tasks so many counselors still perform.

TRAINING/LEARNING OBJECTIVES

I. Counselors will understand the dimensions of inservice activities for counselors, teachers, and families of mainstreamed students.

II. Counselors will learn some consultation techniques for the mainstreamed students.

III. Counselors will understand problems of the mainstreamed student and be able to apply appropriate counseling strategies.

TRAINING/LEARNING ACTIVITIES

I. Overview and Discussion

A. Counselor Preparation:

Counselors are now required to provide equitable services for handicapped students, yet few preservice programs prepare them for this task. A recent survey of school counselors in Florida found that most lack any training in the provision of guidance services to handicapped clients (Lombana, 1980). The implications of this deficit are important. Hohenshil (1979) noted that the legal issue of counseling special groups without specific training may lead to malpractice litigation. Coordinators of counseling services need to be sensitive to this lack of preparation, and include appropriate inservice programs for personnel in their system.

Practitioners should also voice the need for such programs. Some suggestions to remedy the problem of lack of counselor preparation are:

1. Inservice for Counselors:

   a. Who will do it?

      (1) Qualified local school or community personnel (e.g., special education teachers and directors, or school psychologists).

      (2) Local university faculty with expertise in handicapping conditions.

      (3) State Department of Education or Rehabilitation Staff Members.

   b. Who should be involved?

      (1) Counselors

      (2) Administrators

      (3) Special Education Teachers

      (4) Pupil Personnel Staff

      (5) General/Vocational Faculty

   c. Who should coordinate inservice programs?

      (1) Supervisors of the different support areas should coordinate inservice planning.

      (2) Counselors in particular should have a direct input into the development of programs.

   d. What topics are appropriate?*

      (1) Characteristics of various handicapped populations.

      (2) Exemplary models of successful mainstreaming programs.

      (3) Legal issues and state and local policies on mainstreaming.

      (4) Common concerns of teachers and students regarding regular class placement.

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*A needs assessment should preceed the planning of such programs.

(5) Available materials (print and non-print).

(6) The counselor and the IEP for mainstreamed students.

(7) Assessment processes for placement in LRE.

e. Are there successful approaches to inservice?*

(1) Westling and Joiner (1979) deal with the counselor's role of consultant by offering strategies and activities.

(2) Abstracts from the Virginia Vocational Guidance Programs (1979, 1980, and 1981) suggest inservice activities for personnel working with the handicapped (e.g., courses offered by the school system to counselors, parent inservice activities, etc.).

(3) Brolin (1979) suggests hundreds of activities and strategies for Life Centered Career Education including many for occupational guidance and preparation.

(4) Ohio State University (1979) published a guide to aid counselors in serving handicapped students in vocational education.

(5) A guide for mainstreaming (Paul, Turnball, & Cruickshank, 1979) includes a section to help school systems develop and implement inservice programs.

(6) The Council for Exceptional Children (Davis & Ward, n.d.) includes a section to help systems develop and implement inservice programs.

(7) The Personnel and Guidance Journal's special issue on counseling handicapped persons (December, 1979), includes a variety of practical approaches including strategies and topics inservice programs on mainstreaming might include.

(8) Jones (1981) has devoted a chapter to inservice education for understanding and implementing P.L. 94-142, and the least restrictive environment.

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*Any group of counselors will have different inservice needs due to being in different phases of understanding and abilities, and administrators may also have perceived inservice needs.

(9) Brolin and Kokaska (1979) suggest a variety of "activity tips", as well as guidance and occupational preparation for handicapped students.

II. Alternatives to regular inservice programs*

A. Where funds are available, a school system might pay tuition for counselors to take graduate level courses, perhaps one even designed specifically for counselors (Virginia Vocational Guidance Programs, (Abstracts, 1979 and 1980).

B. Counselors should be encouraged to attend local, state, and national conference presentations on counseling the handicapped in the mainstream.

C. Appropriate literature (Journals, A-V materials, guidelines, etc.) can be purchased and housed in a central location and shared by counselors in a system.

D. "Requests for Proposals" (RFPs) from state and federal agencies, and from private foundations routinely announce the availability of special funds for services to handicapped populations. Systems should respond to these RFPs for funding programs for handicapped persons. Inservice programs are often acceptable objectives for such funding.

III. Inservice for Families of Mainstreamed Students

A. What topics are appropriate?

1. What is meant by the "Least Restrictive Environment"?
2. What are possible service alternatives in the LRE concept?
3. Federal, state and local policies and guidelines for mainstreaming.
4. Understanding the problems of the mainstreamed child.
5. Career role models for the handicapped.
6. Mainstream opportunities for career training and employment.
7. Field trips (with child) to observe handicapped people in the mainstream of competitive employment.

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*Due to possible ramifications of legal responsibility, inservice or participation in graduate work should be well documented for each participant and include (in scope and time) sufficient skill training to legally demonstrate that the participant has received a sufficient background to counsel handicapped people.

8. Educational opportunities as a result of mainstreaming.

B. Who will do it?

1. Qualified school and community personnel.
2. Local university faculty with special expertise in these areas.
3. Handicapped people who have succeeded "in the mainstream."

C. Who should be involved?

1. Parents
2. Siblings*
3. Extended family who have impact on child.

IV. Consultation Services for the Mainstreamed Student:

The placement of handicapped students into "regular" classes will only succeed when there are dependable and prescribed services to aid not only the student, but also the "regular" classroom teacher, parents, and all others who are involved in that placement. To simply "dump" a handicapped student into a regular class, without preparing the child, teacher, parents, other students, and other significant persons, is asking for failure. The successful readjustment of handicapped students placed in regular classes requires special assistance. The following suggestions are directed to aiding the counselor in the role of consultant.

A. Consultation and the Pupil Personnel Team

1. Who does what?

   a. In order to avoid confusion or contradictions, roles of each team members must be clearly defined (e.g., the counselor will work with Billy's teacher to help him/her improve Billy's anti-social behavior; the resource teacher will help the regular teacher find strategies to teach math...).

   b. Explain members' roles to the people working with students (including the parents) to avoid confusion and smooth the flow of information.

   c. Help the teacher and others understand that the consultant provides direct assistance to those who in turn work with the student. (A caution: The counselor should avoid direct intervention with the student since the teacher will profit from learning to take control of the situation. The teacher's authority in the classroom should not be usurped by the counselor.)

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*Sibling consideration is important, especially those who may be in the same school.

d. Too many persons "helping" may prove to be a burden on the consultee (e.g., teacher). The counselor should monitor the volume of materials or suggestions given to the consultee at any particular time to avoid an overabundance of materials/ideas. Consultation has its best chance when given in small, carefully monitored doses.

e. Inservice with teachers prior to placing handicapped students in their classes is a necessity. Some portion of the inservice should help them understand the consulting process.

f. Counselors, by virtue of being a part of the school staff, often are aware of teacher attitudes toward handicapped students. Westling and Joiner (1979) recommend that placement of students in classes of more cooperative faculty members sets the stage for success.

g. The team should meet on a regular basis and all people involved with aiding the mainstreamed student should participate.

2. What are some consulting strategies for counselors working with teachers of mainstreamed students?

   a. Be supportive and available but AVOID authoritarian stance. Consulting is a supportive, not directive, role.

   b. Observation of mainstreamed students in the regular classrooms will provide useful information if the regular teacher does not object to being observed. A post-observation consultation session should be scheduled to plan strategies to attack any problem(s) noted. Observation may be for a short time (15 minutes), two or three times a week, until the team and teacher feels the problem has been or is being solved.

   c. Counselors have a variety of skills inherent to their training which may not be familiar to the regular teacher. The teacher can profit from learning these skills from the counselor and can use them with all students (e.g., positive reinforcement, behavior modification, etc.).

   d. The counselor must be a resource person. Knowledge, from health care services in the area to the latest materials published on mainstreaming, will be valuable in the counselors' function as a consultant.

   e. There should be agreement on a predetermined evaluative measure prior to implementing a plan to correct a problem (e.g., tardy to class 3 times during week 1; tardy to class 1 time during week 4).

B. Consulting with Families of Mainstreamed Students

1. Who will be the consultees?

   a. The parents (natural, adoptive, or foster).

   b. Siblings, especially those in the same school.

   c. Extended family members who influence the student (e.g., grandparent living in the home).

2. How should the family be involved?

   a. During the initial contacts, the "stage should be set".

   b. Regular group meetings of families could be arranged to discuss common, general, and overall kinds of situations.

   c. Letters, phone calls, home visits, and individual sessions should take place.

   d. Every effort should be made to make all contacts helping, supportive events.

3. What strategies are helpful?

   a. A plan should be developed cooperatively for attacking problems. Problems should be clearly identified by the school staff and parents. The plan should be agreeable to the family and parents to avoid conflicting treatments.

   b. Some evaluative measure of behavior change should be predetermined (e.g., 5 temper outbursts during week 1; 2 temper outbursts during week 5).

V. Counseling Mainstreamed Students and their Families:

Mainstreamed students may exhibit a variety of problems. The extent of their adjustment depends on the novelty of the situation, prior adjutment to their handicaps, their social-emotional state, and a variety of other factors. Their families may also have counseling needs. The total scope of possibilities is so broad that there will be no attempt to address them here. A few recommendations will be put forth for the counselor to consider.

A. Counseling the Mainstreamed Student

1. What are the problems?

   a. Frustration and lack of coping skills

   b. Anger

   c. Adjusting to "being different" among peers

   d. Peer relationships

   e. Sibling and family relations and expectations

   f. Dependency

2. What techniques should be used?

   a. Individual and group techniques

   b. Referrals when appropriate

   c. Approaches that are ordinarily used with "regular" students.

B. Counseling Siblings of the Handicapped Students in the Same School

1. What are the problems?

   a. Peer ridicule

   b. Embarrassment

   c. Perceived attitudes of adults (e.g., "The teachers think I'm retarded because my sister is".)

   d. Voluntary overprotection of the handicapped sibling

   e. Hostility, anger, and frustration

   f. Family expectations for the normal sibling to "look after" the handicapped sibling.

2. Are there different approaches to dealing with the handicapped in counseling situations? The counselor should draw from his/her counseling skills and training in much the same manner as with any other student.

C. Counseling "Regular" Students to Understand the Handicapped

1. How can "regular" students be prepared for their handicapped peer?

   a. Empathy and awareness training

   b. Role playing and simulations

   c. Audio-visuals and written materials

   d. Integrate handicapped role models into career education and other school programs (e.g., a secretary in a wheelchair could be brought in for a discussion of her career).

   e. The curriculum should include role models (e.g., F.D. Roosevelt).

   f. Children should be prepared to expect to share their class with children with handicaps and told what to expect to avoid potential negative response.

V. Activities

A. This activity will summarize the amount of time a counselor spends with both the nonhandicapped and handicapped.

DIRECTIONS

Prior to an inservice program ask counselors to keep a log of activities for a one week period. The log should specify time spent, type of activity, with whom, and topic covered.

Request that counselors summarize percentage of time spent with nonhandicapped and handicapped students, directly or indirectly, from their own record and compile issues that they want addressed. The inservice coordinator can then arrange for activities to be addressed during inservice programs.

B. This activity will help families of mainstreamed students.

DIRECTIONS

Prepare a diary of a typical day of a handicapped student recently placed in regular classes. The account may be fictional or real. Divide parents into groups of 6 and prepare a summary. Include unkind comments as well as helping comments exhibited by adults and other students. In addition, include how student felt and ask parents to discuss the following:

1. How did you feel when you read summaries?

2. How do you think your child would feel under the same circumstances?

3. How do you feel when you hear negative comments about your child?

4. Describe other reactions.

C. This activity will help delineate the role of the consultant role for the mainstreamed student.

DIRECTIONS

Prepare an example of an action plan with the consultant roles of the teacher, counselor, parent, and others. In the action plan the counselor will observe Student X in class for 15 minutes, twice per week. The counselor will meet with Teacher Y during the second period each week in order to evaluate the situation and make further plans. In addition, the counselor will discuss progress with parents by phone each Friday. Finally, the counselor will arrange an appropriate meeting for the team.

D. This activity will enable siblings of the handicapped to cope more effectively with family problems.

DIRECTIONS

Meet individually with siblings of handicapped students who attend the same school to ascertain what problems may exist. Organize a group counseling program for siblings so that there is an avenue for the ventilation of feelings and a working-through of problems.

RESOURCES

Films

A. A Day in the Life of Bonnie Consolo. Pasadena, CA: Arthur Barr Productions, Inc., 16 minute color film.

B. A Matter of Inconvenience. Santa Monica, CA: The Stanfield House, 10 minute color film.

C. Including Me. Philadelphia, PA: Capital Cities TV Productions, color film.

D. Leo Beuerman. Carbondale, IL: Southern Illinois University, 13 minute color film.

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MODULE VI

Career Guidance of Handicapped Students

Leonard Perlman

RATIONALE

As with non-handicapped students, career guidance for the handicapped is just as important an area for concern. All too often, the focus has been on seeking the maximum amount of education for the handicapped child as if the career elements would automatically fall into place. Counseling and career preparation is an important element during the last four years of secondary school for a student with a handicap.

It is essential, therefore, that guidance and counseling personnel become familiar with sources of information for and about handicapped students and any extra preparation needed to assist these students in developing career plans. See Resource Listing.

TRAINING/LEARNING OBJECTIVES

I. Counselors will become familiar with sources of vocational interests and skills assessment with handicapped students.

II. Counselors will develop knowledge of the vocational needs and characteristics of handicapped students.

III. Counselors will develop career guidance strategies to be used with handicapped students.

TRAINING/LEARNING ACTIVITIES

I. Overview and Discussion

   A. In order that the counselor can familiarize himself/herself with sources of vocational interests and skills assessment with handicapped students, the following methods are suggested:

      1. Demonstration/lecture by counselors from state vocational rehabilitation office.

      2. Information on types of assessments needed as it concerns interests, knowledge and skills as shown by in-classroom performance measures and observations. See Measures of Vocational Interests (Appendix 6-A).

3. Understanding work samples as an approach to jobs and training for handicapped students. A review of advantages and limitations of work samples. See Work Sample Packages (Appendix 6-B).

4. The use of interest inventories. A review of devices currently in use with implications for handicapped students.

5. Invite vocational rehabilitation specialists to discuss the approach to assessment that they use in various settings, e.g., shelter workshops, rehabilitation centers, and local rehabilitation oriented agencies, e.g., Goodwill Industries.

6. Meeting with employers to encourage employment of handicapped persons based on skills and needed worker traits.

B. Knowledge of the vocational needs and characteristics of handicapped must be cultivated and developed by counselors. In this regard the following methods are suggested:

1. Provide a brief overview of employment prospects for handicapped workers.

2. Emphasize the following factors:

   -being fully employed
   -being underemployed
   -being unemployed

3. Lifestyle and quality of life

4. Personal feelings about work

5. Influence on self-concept

6. Review of statistics on disabled adults (data is available from various governmental documents on handicaps & work)

7. Review reasons for statistics. Reasons include:

   a. limited vocational training for handicapped in usually outmoded occupations

   b. special educators and vocational educators often know little of each others' field.

   c. parents often have low expectations, encourage dependency, and restrict the range of experience of their handicapped children.

8. Potential remedies to the statistics and the reasons for for them.

   a. the use of legal mandates such as Section 504, targeted tax credits for jobs for handicapped

   b. advertising campaigns to educate the general public and employers

   c. vocational skills training programs

9. The role of the counselor in working with handicapped students. Methods to aid in the counselor's effectiveness,

   a. evaluating students' abilities, interests, values and goals

   b. skills in decision-making and goal-setting

   c. assistance in resume preparation and practice interviewing skills

   d. sensitizing employers to career development needs of handicapped persons

   e. assist students in information about job rights, targeted tax credit jobs and legal recourse for discrimination based on a physical disability

   f. help educate employers as well as colleagues and parents to become aware of the strengths and abilities of handicapped students

C. It is essential for the counselor to develop and implement guidance strategies for use with handicapped students. To this end the following methods are suggested:

Introduce the topic through brief lecture and question and answer period.

1. Factors associated with handicapped workers such as:

   a. discrimination in hiring due to disability

   b. physical barriers and accessibility to the work site

   c. transportation problems, i.e., getting to a job

   d. underemployment difficulties

   e. lack of vocational training

f. self and familial overprotection

2. Methods to overcome vocational problems and barriers.

a. new technology (TTY for the deaf, special autos, etc.)

b. new laws and regulations such as Section 504 of the Rehabilitation Act and Targeted jobs tax credits for employers of the handicapped

c. professional organizations as advocates

d. peer group associations and coalitions begun during the International Year of Disabled Persons (1981) and the National Year of Disabled Persons (1982). See Positive Job Interview Outcomes (Appendix 6-C).

II. Activities

A. Developing a better sense for guidance and counseling strategies. This activity will sensitize counselors to career needs of a variety of handicapping conditions.

DIRECTIONS

Have the larger group break up into groups of 4-6 people. Assign each group a handicapping condition, e.g., blindness, deafness, other physical difficulties, etc. List strategies to overcome career problems commonly associated with each disability.

B. Using appraisal data

This activity will expose counselors to test data that can be evaluated for purpose of career planning.

DIRECTIONS

The learning disabled son of the high school principal got the following scores on the Kuder Preference Record (interests) and the Differential Aptitude Tests (abilities) administered in the 10th grade.

1. What tentative career plans are warranted?

2. How should they be best conveyed to the student? to the parent?

KUDER	Percentile	DAT	Percentile
Scientific	44	Verbal Reasoning	15
Outdoor	72	Numerical Ability	25
Computational	47	Abstract Reasoning	30
Literary	30	Space Relations	22
Clerical	65	Mechanical Reasoning	55
Artistic	80	Clerical Speed & Accuracy	40
Musical	72	Language Usage: Spelling	23
Persuasive	21	Language Usage: Sentences	12
Mechanical	90		
Social Service	47		

DIRECTIONS

It has been suggested that the varied individual plans, Individualized Education Programs (IEP), Individual Written Rehabilitation Plan (IWRP), and Individual Service Plan (ISP) are perfect vehicles in which to include career development objectives (for a variety of handicapping conditions) that would be appropriate for such individual plans. See Career Education Objectives (Appendix 6-D).

RESOURCES

Selected Books and Manuals - Career Development and Post-Secondary Educational Planning

A. A Comparison of Seven Vocational Evaluation Systems

This 46 page booklet is one of many practical guides available from the Materials Development Center. The booklet provides detailed information on several well-known vocational evaluation systems. 1976.

Materials Development Ctr.
Stout Vocational Rehabilitation Institute
University of Wisconsin-Stout
Menomonie, WI 54751

B. A National Directory of Four Year Colleges and Post High School Training Programs for Young People with Learning Disabilities

This directory lists educational facilities which are able and willing to adapt curriculum and give special attention to students with perceptual disabilities.

Partners in Publishing
Box 50347
Tulsa, OK 74150

C. The Yellow Brick Road: A Sourcebook of Career Guidance Strategies for the Elementary Counselor and Teacher by E.S. Amatea (Editor)

This inexpensive book is divided into three sections. Part I discusses the roles of various school personnel in the implementation of a career awareness program. Part II provides a sequence of objectives and activities for three levels, K-1, 2-3, and 4-5. Part III provides an annotated listing of resources, including children's books and films, which are useful in career awareness programs.

Center for Studies in Vocational Education
Florida State University
Tallahassee, FL

D. Job Club Counselor's Manual: A Behavioral Approach to Vocational Counseling by N.H. Azrin and V.B. Besalel

University Park Press
233 East Redwood Street
Baltimore, MD 21202

The Job Club manual is a comprehensive guide for the counselor, providing explicit information and instruction on topics such as scheduling meetings, contacting prospective members, outlining activities, and arranging interviews. Forty-six appendices are included, most of which are charts, forms, sample letters, and related materials.

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APPENDIX 6-A

MEASURES OF VOCATIONAL INTERESTS

Career Maturity Inventory (CMI)

Available from California Test Bureau/McGraw-Hill;
Del Monte Research Park; Monterey, California 90940

Kuder Preference Record

Available from Science Research Associates;
259 East Erie Street, Chicago, Illinois 60611

Picture Interest Exploration Survey (PIES)

Available from the Educational Achievement Corporation;
P.O. Box 7310; Waco, Texas 76710

PRG Interest Inventory for the Blind

Available from the Nevil Inter-agency Referral Service;
919 Walnut Street, 4th Floor; Philadelphia, Pennsylvania 19107

Reading - Free Vocational Interest Inventory

Available from the American Association on Mental Deficiency;
5101 Wisconsin Avenue, N.W.: Washington, D.C. 20016

Vocational Interest and Sophistication Assessment (VISA)

Available from the Nisonger Center; Ohio State University;
1580 Cannon Drive; Columbus, Ohio 43210

Wide Range Interest - Opinion Test (WRIOT)

Available from Guidance Associates of Delaware;
1526 Gilpin Avenue; Wilmington, Delaware 19806

Work Value Inventory

Available from Houghton-Mifflin, Inc.; 2 Park Street;
Boston, Massachusetts 02107

APPENDIX 6-B

WORK SAMPLE PACKAGES

General Aptitude Test Battery (GATB) is the most highly researched vocational evaluation instrument in existence. It consists of twelve tests yielding nine aptitudes: intelligence, verbal intelligence, numerical aptitude, spatial aptitude, form perception, clerical perception, motor coordination, finger dexterity, and manual dexterity. A non-verbal version (NATB) is available. Offered through the Florida State Employment Service.

Jewish Employment and Vocational Service System (JEVS) measures potential in general industrial categories and includes twenty-eight work samples for hands-on assessment of skills, behavior, and interests. Included are such areas as assembly/disassembly, binding, clerical, display and printing, electrical, mail handling, structural development, and metal work. Available from the Vocational Research Institute; 1913 Walnut Street; Philadelphia, Pennsylvania 19103.

Singer Vocational Evaluation System is an audio-visual system with work evaluation in areas such as bench assembly, electrical wiring, plumbing and pipe-fitting, cooking and baking, and cosmetology. Available from Career Systems; 80 Commerce Drive; Rochester, New York 14623.

Social and Prevocational Information Battery (SPIB) was originally developed for use with mildly retarded people but has been adapted for use with moderately retarded individuals. It includes knowledge tests in the areas of employability, economic self-sufficiency, family living, personal habits, and communications. Research efforts to date have found moderately high correlations between knowledge and applied performance on the SPIB. Available from California Test Bureau/McGraw-Hill; Del Monte Research Park; Monterey, California 93940.

Testing, Orientation, and Work Evaluation in Rehabilitation (TOWER) is the oldest and best-known work sample evaluation system developed for use with handicapped people. It consists of ninety-four work samples clustered into fourteen occupational areas. Examples of work samples include jewelry manufacturing, drafting, drawing, sewing, and electronics assembly. Student work habits, work tolerance, attitude, speed, and general motivation are also evaluated. Available from LCD Rehabilitation and Research Center; 400 First Avenue; New York, New York 10010.

Valpar Component Work Sample System consists of sixteen individual assessment units which have been normed on nonhandicapped workers and special disability groups. The sixteen areas include skills such as size discrimination, clerical comprehension and aptitude, independent problem-solving, eye-hand-foot coordination, and money handling. Available from the Valpar Corporation; 655 N. Alveron Way, Suite 108; Tucson, Arizona 85716.

APPENDIX 6-C

BEHAVIORAL FACTORS WHICH HELP TO PROMOTE POSITIVE JOB-INTERVIEW OUTCOMES

- The search for information about applicants often has a negative focus, and one piece of negative information carries more weight than many pieces of positive information.
- Subjective factors such as intuition, attitudes, and stereotypes of a good employee are more influential than are objective factors such as qualifications and job requirements. Punctuality for the interview is a single more important variable. The first four to nine minutes appear to be critical in terms of establishing opinions of the job candidate.
- Personal appearance and dress are important determinants of an interviewer's initial impression of a candidate. For men, long hair and beards produce negative impressions while women are down-graded most frequently on short skirts, low necklines, and pantsuits.
- Standard English and fluent speech are important influencers of opinion for higher-level positions, and non-verbal behaviors such as eye-contact, smiling, attentive posture, and direct body orientation are important at all levels.
- Statements which convey an attitude of cooperation, maturity, dependability, trustworthiness, and motivation help to avoid negative impressions. Job applicants should convey enthusiasm and preparation by stating personal goals, asking relevant questions about the job, and displaying overt interest in the company.
- In order to maintain a focus on positive factors, applicants should mention their specific skills and experience several times during the interview. It is also helpful to use terminology customary for the job.
- Questions related to handicaps, age, experience, and other potential problem areas should be responded to briefly and end with a positive statement concerning job competence.

APPENDIX 6-D

SPECIFIC CAREER EDUCATION OBJECTIVES FOR EXCEPTIONAL INDIVIDUALS OUTLINED BY THE COUNCIL FOR EXCEPTIONAL CHILDREN (1978)

- To help exceptional students develop realistic self-concepts, with esteem for themselves and others, as a basis for career decisions;
- To provide exceptional students with appropriate career guidance, counseling, and placement services utilizing counselors, teachers, parents and community resource personnel;
- To provide the physical, psychological, and financial accommodations necessary to serve the career education needs of exceptional children;
- To infuse career education concepts throughout all subject matter in the curricula of exceptional children in all educational settings from early childhood through post secondary;
- To provide the student with the opportunity to leave the school program with an entry level saleable skill;
- To provide career awareness experiences which aim to acquaint the individual with a broad view of the nature of the world of work, including both unpaid and paid work;
- To provide career exploration experiences which help individuals to consider occupations which coincide with their interests and aptitudes;
- To provide exceptional individuals programs with occupational preparation opportunities for a continuum of occupational choices covering the widest possible range of opportunities;
- To help insure successful career adjustment of exceptional students through collaborative efforts of school and community.

PART B

Guidelines for the Establishment and Administration of Inservice and Staff Development Activities

Frank E. Burtnett

Guidelines for the Establishment and Administration of Inservice and Staff Development Activities

Inservice training and staff development activities provide an excellent opportunity for practicing school counselors and guidance supervisors to become better informed as to the needs of the handicapped clients and skilled in counseling, information, measurement and related guidance techniques which, when integrated into the guidance experience, will assist these students in maximizing their total educational experience. Those individuals or organizations who are responsible for the establishment and administration of inservice and staff development activities must engage in effective program development activities if they are to ensure a quality training experience for the appropriate audiences within their school or educational unit. The procedures which can be followed in the planning, design and implementation of an inservice training and staff development training program are outlined below:

I. Planning Activities

A. Conduct a planning meeting with the counseling staff and related educational specialists

Solicit input from a variety of professional educators who work with handicapped students. Focus on the counseling and guidance needs of the students and how guidance personnel can provide services which are responsibe to those needs. The planning meeting will allow you to consider the following:

1. format and agenda for training program
2. trainers and consultants - division of tasks
3. tentative number, location(s) and date(s) of training session(s)

4. identification and solicitation of participants
5. identification and acquisition of training materials
6. budget and financial support

If a planning meeting is not feasible, these activities need to be carried out by a responsible guidance supervisor or administrator and submitted to the appropriate school administrator for review and/or approval.

B. Establish a plan

This plan should set forth the scope of training that you hope to accomplish with counseling personnel. Set an achievable goal! It is better to start modestly and grow than to attempt more than your initial resources and competencies permit.

PLANNING PHASE CHECKLIST

Did you attend to the following tasks? Each can be critical to the successful planning of your training experience.

Planning tasks: Check when completed

___ 1. Conduct planning meeting or engage in planning activity

___ 2. Develop training plan

___ 3. Secure approval of training plan (if applicable)

II. Design Activities

A. Review your training plan and related resources and establish a detailed agenda for the training experience

The initial activities should focus on a general orientation to the needs of handicapped clients and basic counseling, information and measurement strategies. This information is basic to building a sound foundation of counselor competencies among the participants. Don't assume that any information is too elementary or basic for your participants.

B. Identify audience which will participate in training activities

The inservice and staff development activities may be conducted at the building or system level. Determine your primary audience(s) and the best organization (e.g., single workshop, series of workshops, etc.) that will work best in your setting.

C. Select training site and facilities

Once you have determined your audience, select an accessible location (e.g., school, administrative offices) that is capable of handling your training requirements (e.g., meeting room, AV equipment, etc.). The following concerns must be addressed in the selection of a training site and preparation for the training session:

1. meeting room size
2. setup - the nature of this training activity will determine whether a classroom, conference or theatre seating arrangement is employed.
3. registration area or tables (if needed)
4. material display table (if needed)
5. audio visual equipment
6. chalkboard, chalk and erasers
7. flipcharts, easels and marking pens
8. hospitality breaks (coffee, soft drinks, etc.)
9. headtable, lectern, microphones (if needed)
10. eating arrangements - determine the availability of a restaurant or cafeteria
11. access and facilities for the handicapped

D. Identify and acquire training materials and equipment

Each trainer involved in the program should identify all print and audio visual materials that can be used to facilitate the training process. Allow sufficient time to purchase, borrow or rent these resources for the training activity. It may be important to preview items prior to their formal acquisition or purchase.

Finally, consider the varied brochures, pamphlets, guides, etc., available from organizations (e.g., Council for Exceptional Children, Closer Look) and government sources (e.g., U.S. Department of Education) which may be acquired for handouts or converted into a format suitable for the workshop.

E. Identify and secure trainers and consultants

If the training session is a single trainer operation, be certain that the trainer is fully apprised of his/her role and the objective of the training program. Develop a specific agenda for each training session. If the plan of action calls for multiple trainers assuming responsibilities for parts of the training program, then this division of tasks must be clearly defined from the outset of the workshop design phase. Someone must serve as training leader or coordinator - the team captain. The leader will coordinate the preparation for and on-site delivery of the workshop.

Training programs that involve guest presenters or consultants should follow the guidelines suggested below in the utilization of such personnel:

1. Make your initial communication with guest presenters and consultants a personal contact (personal visit or telephone).
2. Outline the specific role which you wish the guest presenter or consultant to play and set time parameters for his/her presentation. Determine fees (if applicable).
3. Communicate all training session details (date, time, location, agenda, etc.) in writing.
4. Two follow-ups are generally useful when dealing with guest presenters and consultants. The first as a follow-up to the invitation to participate. This allows for the clarification of role. The second should come as a reminder seven days in advance of the actual workshop.
5. Send thank you notes or make thank you telephone calls to all guest presenters and consultants. You may wish to use these people in future training sessions and this expression of appreciation will leave them with a positive feeling about the activity.

F. Invite participants to the training program

Timely and concise communication with your prospective participants will ensure that the right people are informed about the training program and given ample opportunity to guarantee their involvement. Both personal and written communication should be employed.

The invitation or announcement must provide details relative to date, time, and site of the training program. The agenda and a list of prospective participants can be included. Solicit a commitment from the invitee regarding their participation.

DESIGN PHASE CHECKLIST

Did you attend to the following tasks? Each is critical to the successful design of your training experience. The timing reference in parentheses ( ) suggests the approximate lead time necessary for the completion of each task:

Design tasks: Check when completed

___ 1. Develop training agenda (45 days)

___ 2. Prepare a list of prospective participants (30 days)

___ 3. Select training site (30-45 days)

___ 4. Assign trainer responsibilities (30-45 days)

___ 5. Secure consultants (30-45 days)

___ 6. Invite participants and secure commitments (30 days)

___ 7. Prepare and/or acquire training materials (15 days)

___ 8. Follow-up with consultants and guest presenters (7 days)

III. Implementation Activities

A. Review all planning and design tasks to ensure that each has been accomplished in a timely and efficient fashion

As one moves closer to the actual delivery of the training activity, it is imperative that a review of all planning and design activities be made. This review will ensure that all training personnel, material, and related concerns are in place for the program.

B. Prepare for the training or teaching aspects of the program

Each trainer should consult the agenda, the training plan and supplementary materials to develop a training outline or lesson plan which he/she can follow. Prepare any overhead transparencies or other audio visual materials (e.g., wall posters or charts) which will enhance the training experience. Finally, handouts should be reproduced in sufficient quantities for distribution to participants.

C. Conduct the training session

D. Conduct needs assessment

As an outgrowth of the initial training experience, you will be able to determine the areas of emphasis which must be addressed in future training activities. The needs assessment may also point out areas of staff concerns which may not be addressed adequately in the training plan.

E. Conduct training evaluation

Trainers should provide an opportunity for training participants to evaluate their training experience. This feedback regarding trainers, materials, content flow and format will prove beneficial in the design and administration of future training sessions.

IMPLEMENTATION PHASE CHECKLIST

Did you complete the required tasks to prepare and conduct the actual training session? The checklist below will guide you in this final preparation.

___ 1. Review planning and design tasks and finalize materials

___ 2. Conduct training session

___ 3. Conduct needs assessment

___ 4. Evaluate training activity

IV. Summary

If one has followed these guidelines, the major details required for the organization and administration of inservice and staff development activities have been addressed. Adequate preparation by the trainers will ensure that the program is thorough and organized around the plan or theme that you have created. Ongoing evaluation and needs assessment will ensure that you improve the quality of the training experience and effectively prepare the school counselors to work more effectively with the handicapped student.

PART C

Additional Resources for Guidance Practitioners

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